

Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance

600 Washington Street Boston, MA 02111 www.mass.gov/dma

> Eligibility Operations Memo 03-11 September 1, 2003

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services

RE: Change in MassHealth Eligibility Requirements for Certain Persons Who Are Not

United States Citizens: Aliens With Special Status (AWSS)

Introduction

MassHealth benefits are no longer available at state cost to adult immigrants who are not eligible to receive full federally funded benefits. Immigrants who, based on immigration status, are barred from receiving full federal benefits for five years and those permanently residing under color of law (PRUCOL) are affected by this change in MassHealth regulations.

This memo

- identifies the affected population;
- explains the new policy restrictions including the impact upon the immigration five-year bar issue;
- addresses the operational changes;
- describes systems implications and noticing changes; and
- includes copies of Division mailings to the affected population.

Aliens Who Are Not Affected

<u>Protected aliens</u> are not affected by these restrictions. These are seniors in long-term-care facilities and other persons who were "grandfathered," as described at 130 CMR 504.002(C) and 518.002(C).

<u>Qualified aliens</u> are not affected by these restrictions. These are immigrants described at 130 CMR 504.002(B) and 518.002(B).

REMINDER: Qualified aliens <u>are not and may never become</u> "aliens with special status" (AWSS), who are described below. All immigrants who have attained qualified alien status <u>must retain</u> all MassHealth benefits available to qualified aliens, even if the qualified alien later attains an immigration status that is not identified as a qualified alien under 130 CMR 504.002(B) or 518.002(B). Workers should <u>never</u> change

Aliens Who Are Not Affected (cont.)

the immigration status of a person who is on file as a documented qualified alien to an immigration status that would result in a reduction of MassHealth benefits.

Example: An immigrant enters the United Stated as an asylee under the Immigration and Naturalization Act (INA), and the Division considers this person to be a qualified alien. At a later date, the same qualified alien attains the immigration status of legal permanent resident (LPR) under the INA (which would be an AWSS). Workers should not change the qualified alien status to that of an AWSS, as that would result in a reduction of MassHealth benefits due to the five-year bar.

Aliens Who Are Affected

The populations affected by this action are "aliens with special status" (AWSS), as described at 130 CMR 504.002(D) and 130 CMR 518.002(D). These are certain immigrants who:

- are in the United States as PRUCOLs; or
- are in any of the following three immigration statuses: LPRs under the INA, parolees (persons granted parole for at least one year under section 212(d)(5) of the INA), or conditional entrants (under section 203(a)(7) of the INA as in effect prior to April 1, 1980), who are subject to the five-year bar immigration rules. Those persons were admitted to the United States on or after August 22, 1996, and have an immigration status not identified as qualified aliens under 130 CMR 504.002(B) or 518.002(B).

Continual Presence

This memo clarifies "continual presence" immigration information transmitted by Eligibility Operations Memo 02-10 (dated April 1, 2002). Continual presence applies <u>only</u> if:

- the individual's date of entry (DOE) into the U.S. is before August 22, 1996 (regardless of immigration status on the DOE, or if the individual entered illegally); and
- the individual attains any of the above three immigration statuses on or after August 22, 1996; and
- the individual has not had a single absence of greater than 30 days, or a total of combined absences of greater than 90 days, from the last DOE into the U.S. to the date of attaining any of the three statuses.

Continual Presence (cont.)

The following chart explains whether to use the <u>DOE</u> or the <u>date of</u> <u>attaining immigration status</u> when processing AWSS cases and references continual presence. Attained immigration status must always be verified.

Use	For	Self-declaration?	MA21/PACES
Date of entry	Immigrants with a DOE prior to August 22, 1996, who attained any of the above three immigration statuses on or after August 22, 1996 (the five-year barred immigration rules do not apply).	The Division will accept self-declaration of the DOE. The Division will presume continual presence exists for self-declared or documented DOE.	For MA21: the self-declared DOE is used in the "entry date" field on the QAC screen. For PACES: the self-declared DOE is used to determine the appropriate case action reason.
Date of attaining any of the above three immigration statuses	Immigrants with a DOE on or after August 22, 1996, who attained any of the above three immigration statuses on or after August 22, 1996 (must determine if the five-year barred immigration rules are met).	The Division will not accept self-declaration. Continual presence does not apply.	For MA21: the date of attaining the immigration status is used in the "entry date" field on the QAC screen. For PACES: the date of attaining the immigration status is used to determine the appropriate action reason.

How Aliens With Special Status Are Affected

The new immigration regulations affect AWSS aged 65 and older who have been receiving MassHealth Basic (for seniors), as well as adults aged 19 through 64 who have been receiving MassHealth CommonHealth, Family Assistance, Basic, and Basic Buy-In.

Eligibility for MassHealth benefits for affected AWSS is restricted to MassHealth Limited coverage. MassHealth Limited provides payment solely for certain emergency services, including labor and delivery, and qualifies Massachusetts for federal reimbursement.

How Aliens With Special Status Are Affected (cont.)

Eligibility under MassHealth Limited requires that the qualifications for MassHealth Standard, except for immigration rules, are met. Adult applicants who are AWSS who qualify for MassHealth Limited will be approved for Limited. Adult MassHealth members who are AWSS were "downgraded" from their former MassHealth coverage type to Limited, provided they met the eligibility requirements for MassHealth Limited at 130 CMR 505.008 or 519.009. All AWSS MassHealth members in the traditional population on community category 5 qualify to be downgraded to Limited coverage.

The following AWSS adults who meet MassHealth Standard categorical and financial eligibility criteria are eligible for MassHealth Limited. Such persons who were active MassHealth members have been downgraded to MassHealth Limited:

- parents or caretaker relatives with countable income at or below 133% FPL;
- pregnant women with countable income at or below 200% FPL;
- disabled adults under age 65 with countable income at or below 133% who meet Social Security Administration (SSA) Title XVI disability requirements as determined by SSA or Disability Evaluation Services (DES). (These disabled persons may or may not be working.); and
- seniors (aged 65 and older) on PACES with countable income at or below 100% FPL or who can meet a deductible.

Persons not identified above (who are not otherwise excluded as described on page 1 as protected aliens or qualified aliens) have been terminated from or will be denied MassHealth. The Division refers the names of pregnant women who do not qualify for MassHealth and those who qualify solely for MassHealth Limited to the Healthy Start Program.

Advance Notice of Benefit Change

On or about July 7, 2003, a systems-generated one-time mass mailing of an advance notice occurred. The notice, "An Important Message About Your MassHealth Benefits," provided an explanation of the change in benefits and was issued in English and Spanish. The notice was sent to <u>each</u> affected AWSS MassHealth active <u>member</u> on file on MA21 or on PACES on the date of issuance who was receiving a benefit for which he or she would no longer be eligible.

Advance Notice of Benefit Change (cont.)

The advance notice advised affected members of the impending change in MassHealth regulations that would result in reduction or elimination of their MassHealth benefits. This notice cannot be appealed. The following items were enclosed with each notice:

- an Immigration Status Update Form (AWSS-1);
- a Legal Services office listing; and
- a UNIV-5 multilingual sheet.

Upon implementation of these new regulations, adult AWSS members were automatically redetermined. Affected members received a systems-generated notice of termination or downgrade to Limited. This notice can be appealed.

Processing Applications and Systems Implications

MA21 – HCR Population:

Effective July 21, 2003, MA21 began processing AWSS applicants and members using the new immigration rules. AWSS adults were automatically redetermined on MA21 using data on the system.

<u>Notices</u>: Three new MA21 appealable notices have been developed to reflect these new immigration rules. As of July 21, 2003, applicants and members are being sent the following notices in the usual noticing manner:

- AWSS applicants who do not qualify for MassHealth will be sent the new denial notice.
- AWSS MassHealth members who no longer qualify for MassHealth were sent the new termination notice on July 21, 2003, effective August 4, 2003.
- AWSS MassHealth members who will continue to receive MassHealth, but who must be downgraded to MassHealth Limited, were sent the new downgrade to Limited notice on July 21, 2003, with an effective date of August 4, 2003.
- MA21 now has a new denial or termination action reason (AR). AR 32 is used for ineligibility for adults who are AWSS and do not meet MassHealth immigration requirements. The new action reason is needed because, although AWSS children may retain eligibility for state-funded programs, AWSS adults cannot,

Processing Applications and Systems Implications (cont.) due to their immigration status. The reason language used is:

"You do not meet the immigration requirements for any benefit other than MassHealth Limited, and you do not meet the requirements to get MassHealth Limited because your family income is too high, or because you do not meet Division disability rules, or you are not under age 19, or you are not pregnant or a parent of a child under 19."

<u>For appeals</u>: The Board of Hearings (BOH) will continue to protect HCR members in the usual manner.

PACES – Traditional Population:

Coding and notices:

Action Reasons 08 and 09

MassHealth Basic coverage for senior members who are AWSS has been identified on PACES by AR 08 (PRUCOLs) and AR 09 (certain LPRs, certain parolees, and certain conditional entrants, all subject to the five-year bar). All category 5 members with AR 08 and 09 were issued an appealable notice of downgrade to Limited on July 28, 2003. The notice advised members that, due to a change in state law, their immigration status qualified them only for MassHealth Limited benefits. Unless a timely appeal request was received, the downgrade took effect on August 11, 2003.

ARs 08 and 09 will continue to be used for PRUCOLs (08) and five-year barred aliens (09). However, these ARs have been reprogrammed and, as of July 28, 2003, they generate MassHealth Limited coverage and Limited notices instead of MassHealth Basic (for seniors) coverage and Basic notices.

The downgrade-from-Basic-to-Limited notice for seniors, issued July 28, 2003, may be viewed through MA21 by selecting the "Additional MA21 Options" function at the MA21 Main screen.

Action Reason 10

AR 10, formerly used for "grandfathered" or protected AWSS PACES cases and no longer in use for that purpose, has been reprogrammed. Effective July 28, 2003, AR 10 is used solely for category 5 AWSS individuals who would be established with

Processing Applications and Systems Implications (cont.) AR 08 or 09, but either have requested a "timely" appeal (eligible for "aid-pending" status) due to the notice of the downgrade to Limited, have submitted a MassHealth Application (MHA) prior to July 28, 2003, which is not processed until on or after July 28, 2003, or have submitted, prior to July 28, 2003, a request for retroactive coverage, which is not processed until on or after July 28, 2003.

Using AR 10 when processing cases as of July 28, 2003, will "protect" these cases by allowing MassHealth Basic coverage to be provided in the above-mentioned situations. AR 10, when used to provide retroactive Basic benefits, will generate a specific PACES notice explaining that MassHealth Basic benefits are being provided due to a request for retroactive MassHealth benefits. The notice also explains that MassHealth Basic benefits are not available as of July 28, 2003.

Action Reason 04

AR 04 will continue to be used solely for "undocumented" aliens.

For appeals:

Board of Hearings (BOH)

The BOH will protect traditional members on PACES who are eligible for "aid pending" status in their current coverage by using AR 10.

MassHealth Enrollment Center (MEC)

Once the appeal decision has been rendered for a PACES case, close the AR 10 case using AR 33. The next day, after PACES has been updated, open the Limited case using the appropriate action reason (08 or 09).

For retroactive benefits:

MassHealth Enrollment Center (MEC)

For MassHealth Applications received before July 28, 2003, and processed on or after July 28, 2003, establish the case on MassHealth Basic as of the appropriate retroactive or start date, using AR 10. The following day, after PACES has been updated,

Processing Applications and Systems Implications (cont.)

close the case with AR 33. On the following day, reestablish the case on Limited with a medical start date of July 28, 2003, using the appropriate action reason (08 or 09).

PACES has been edited to be able to generate Basic benefits retroactive to March 1, 2003, if necessary.

Regulation Changes

The MassHealth member regulations in Volumes I and II have been changed to reflect the new immigration rules. In Volume II, all references to MassHealth Basic have been removed. The cite that formerly described MassHealth Basic, 130 CMR 519.008, is not currently in use and is designated as "reserved."

Also, the Division has removed language at 130 CMR 504.001 and 518.001, which formerly indicated that citizenship may be self-declared. Verification of citizenship is now required upon Division request. Documentation of citizenship should be requested for persons who had been on file as non-citizens but who later claim to have become citizens.

MassHealth Card for the Traditional Population

Effective July 28, 2003, AWSS applicants whose cases are entered onto PACES with action reasons 08 and 09, which formerly provided Basic coverage, will receive Limited coverage. A MassHealth card will be issued, just as before, but it will provide only Limited benefits. Former MassHealth Basic members, who have been downgraded to Limited, may continue to use their MassHealth card, which now covers only Limited benefits.

MassHealth members receiving EAEDC (category 4) cash benefits from Department of Transitional Assistance (DTA) will receive both category 4 medical benefits and Limited medical benefits. When the EAEDC case terminates, the category 4 medical coverage also terminates.

Questions

Questions about this memo, including those about interpreting documentation of DOE, coding immigration status on MA21, or determining appropriate immigration status coding on PACES, should be directed to the MassHealth Policy Hotline through your office designee.

Tel: TTY:	
Notice:	SSN:
	TTY:

Dear < Name>

The Division of Medical Assistance has decided that the following members of your family are no longer eligible for benefits under **MassHealth Basic** (for Seniors) coverage, due to a change in state law. You will get a different type of MassHealth coverage, called **MassHealth Limited.** MassHealth Limited covers emergency services only. (Please read the important message below.)

Name SSN Effective Date of Change 8/11/2003

Reason and Manual Citation

You have an immigration status that allows you to get benefits under MassHealth Limited only.

The regulation used in reaching this decision is 130 CMR 518.002; 519.009

The Division has changed the way it decides what you are eligible for because of a change in state law. Division records show that you have an immigration status and/or United States entry date that do not allow you to receive certain benefits paid for by the federal government. MassHealth no longer provides benefits for adult immigrants who are not qualified to receive federally funded benefits.

Important

Your new coverage, MassHealth Limited, has very different rules. This coverage is only for certain medical conditions that need immediate care or that place your health at serious risk. *There may be some limits*. If you are also receiving cash benefits under the Emergency Aid to the Elderly, Disabled, and Children program (EAEDC) through the Department of Transitional Assistance (DTA), you will also receive medical coverage under the EAEDC program.

Members can still use the MassHealth card but, as of the date listed above, it will cover **only** the emergency services available under MassHealth Limited unless you are also receiving EAEDC.

MassHealth members may get more coverage under MassHealth Standard if they send proof of their different immigration status or if they change their immigration status.

Call the phone number at the top of this notice if you have any questions about this notice, if you want more information about MassHealth Limited benefits, or if you need to report changes in your immigration status, address, income, or assets.

For information about appealing our decisions, see the other side of this notice.

REGION MEC CAT TEL SSN CAN

<Name. <Date>

<Street>

<City/State/Zip>

THE DIVISION HAS APPROVED MASSHEALTH BENEFITS BASIC FOR: <Name>

YOUR ELIGIBILITY BEGINS ON < Date>.

YOU ARE GETTING MASSHEALTH BASIC BECAUSE ON YOUR MASSHEALTH APPLICATION YOU REQUESTED RETROACTIVE COVERAGE.

PLEASE BE AWARE THAT EFFECTIVE JULY 28, 2003, DUE TO A CHANGE IN STATE LAW, MASSHEALTH CANNOT CONTINUE TO PROVIDE MASSHEALTH BASIC COVERAGE. MASSHEALTH BASIC BENEFITS WILL STOP JULY 27, 2003. AFTER MASSHEALTH BASIC BENEFITS STOP, MASSHEALTH WILL PROVIDE YOU WITH ANOTHER TYPE OF BENEFIT. WE WILL SEND YOU ANOTHER NOTICE TELLING YOU WHEN YOUR BENEFITS WILL CHANGE AND WHY.

MASSHEALTH BASIC COVERAGE LETS MEMBERS GET THE BASIC MEDICAL SERVICES DESCRIBED IN THE "MASSHEALTH AND YOU" GUIDE. MASSHEALTH BASIC MEMBERS ARE NOT ELIGIBLE FOR COVERAGE UNDER MASSHEALTH STANDARD BECAUSE THEY DO NOT MEET THE ELIGIBILITY RULES THAT APPLY TO THIS COVERAGE TYPE.

THE DIVISION MAY ALSO PAY FOR MEDICAL SERVICES YOU RECEIVED IN THE THREE MONTHS BEFORE THE MONTH YOU APPLIED IF YOU WERE ELIGIBLE DURING THAT TIME. IF YOU HAVE NOT YET APPLIED FOR THESE BENEFITS, CONTACT YOUR WORKER RIGHT AWAY.

YOU WILL SOON RECEIVE A MASSHEALTH CARD FOR NEWLY ELIGIBLE MEMBERS OF YOUR HOUSEHOLD WHICH MUST BE USED WHENEVER THEY GET MEDICAL SERVICES. ELIGIBILE MEMBERS MAY BEGIN USING THE CARD AS SOON AS YOU GET IT.

YOU MUST REPORT ANY CHANGES IN YOUR HEALTH INSURANCE, ADDRESS, INCOME, FAMILY SIZE, IMMIGRANT STATUS, OR OTHER SITUATION TO YOUR MASSHEALTH ENROLLMENT CENTER WITHIN 10 DAYS. THESE CHANGES MAY AFFECT YOUR ELIGIBILITY.

THE LIMIT ON COUNTABLE ASSETS IS \$2,000.00 FOR ONE PERSON AND \$3,000.00 FOR A FAMILY OF TWO, PLUS \$100.00 FOR EACH ADDITIONAL PERSON.

CALL THE MASSHEALTH ENROLLMENT CENTER AT THE PHONE NUMBER AT THE TOP OF THIS NOTICE IF YOU HAVE ANY QUESTIONS OR IF YOU NEED A "MASSHEALTH AND YOU" GUIDE. THE "MASSHEALTH AND YOU" GUIDE CONTAINS IMPORTANT INFORMATION ABOUT MASSHEALTH COVERAGE AND ELIGIBILITY RULES.

FOR INFORMATION ABOUT APPEAL RIGHTS, SEE THE OTHER SIDE OF THIS NOTICE.